

Application Information

Application Type:: Regular Subject Matter:: Utility

Title:: METHOD OF TRACKING AND DISPENSING

MEDICAL ITEMS

Attorney Docket Number:: D-1137 Request for Early Publication?:: No Request for Non-Publication?:: YES Suggested Drawing Figure:: 68 **Total Drawing Sheets::** 105 Small Entity:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Inventor Information

Inventor Inventor Authority Type:: US Primary Citizenship Country::

Full Capacity Status::

R. Given Name::

Michael Middle Name:: McGrady Family Name::

Name Suffix::

City of Residence:: Baden PA State or Prov. Of Residence:: US

Country of Residence:: Street:: 218 Woodcroft Road

Baden

City:: PA State or Province:: US Country::

15005 Postal or Zip Code::

Inventor Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kevin

Middle Name::
Family Name::

Family Name:: Mowry Name Suffix::

City of Residence::

State or Prov. Of Residence::

Country of Residence::

US

Country of Residence::USStreet::601 Cherry DriveCity::Level Green

State or Province:: PA
Country:: US

Postal or Zip Code:: 15085

Inventor Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Maria

Middle Name:: Robinson

Name Suffix::

City of Residence:: Wexford
State or Prov. Of Residence:: PA

Country of Residence::USStreet::2524 Brandt School Road

City:: Wexford

State or Province:: PA
Country:: US
Postal or 7in Codo:: 15000

Postal or Zip Code:: 15090

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Linda

Middle Name::

Family Name::

Dean

Name Suffix::

City of Residence::

Cranberry Township

State or Prov. Of Residence:: Country of Residence::

<u>PA</u> US

Street:: City:: 77 Monmouth Drive Cranberry Township

State or Province::

PA US

Country::
Postal or Zip Code::

16066

Correspondence Information

Correspondence Customer Number::

28995

Name::

Ralph E. Jocke

Street::

<u>231 South Broadway</u>

City::

<u>Medina</u>

State or Province::

OH

Country::

US

Postal or Zip Code::

44256 (330) 721-0000

Phone Number:: Fax Number::

(330) 722-6446

Representative Information

Representative Customer Number::

28995

Designation::

Registration Number::

Name::

Primary

31,029

Ralph E. Jocke

Domestic Priority Information

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

Non-Provisional of

60/202,508

5/5/2000

Assignee Information

Assignee Name::

Diebold, Incorporated

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